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National Institute on Alcohol Abuse and Alcoholism

Synopses of Cooperative Agreements for Research Demonstration Projects on Alcohol and Other Drug Abuse Treatment for Homeless Persons

January 1991



**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration**

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SYNOPSIS OF COOPERATIVE AGREEMENTS FOR
RESEARCH DEMONSTRATION PROJECTS ON ALCOHOL
AND OTHER DRUG ABUSE TREATMENT FOR HOMELESS PERSONS

Prepared for

Homeless Demonstration and Evaluation Branch
Division of Clinical and Prevention Research
National Institute on Alcohol Abuse and Alcoholism

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CONTENTS

I.	INTRODUCTION	1
II.	TABLE: SUMMARY OF PROJECTS	4
III.	MAP: LOCATION OF PROJECT SITES	6
IV.	PROJECT DESCRIPTIONS	
	ALBUQUERQUE, NEW MEXICO	7
	BIRMINGHAM, ALABAMA	9
	CHICAGO, ILLINOIS	1 1
	DENVER, COLORADO	13
	EVANSTON, ILLINOIS	15
	LOS ANGELES, CALIFORNIA	17
	NEW HAVEN, CONNECTICUT	19
	NEW ORLEANS, LOUISIANA	21
	NEWARK, NEW JERSEY	23
	PHILADELPHIA, PENNSYLVANIA	25
	SEATTLE, WASHINGTON	27
	ST. LOUIS, MISSOURI	29
	TUCSON, ARIZONA	31
	WASHINGTON, D.C.	32

INTRODUCTION

The results of recent research on the epidemiology of homelessness in the United States have converged on one significant finding: a large proportion of homeless persons suffer from alcohol and other drug problems. An estimated 35 to 45 percent of the homeless population have chronic alcohol problems, while 15 to 20 percent have chronic problems with other drugs. It is also known that a substantial number of homeless individuals who have a chronic alcohol or other drug problem are diagnosed with a co-occurring serious mental illness.

The increasing size and heterogeneity of the homeless population over the last decade represents a shift from the past when homeless individuals were primarily older male public inebriates. Today, alcohol and other drug problems are known to cut across many segments of the homeless population: women, families with children, younger men, and adolescents, as well as across racial and ethnic minorities.

In July of 1987, the Stewart. B. **McKinney** Homeless Assistance Act was passed. This legislation provides for a variety of housing, health, and social programs to assist the homeless population. Section 613 of the Act authorizes funds for demonstration projects for homeless persons with alcohol and other drug problems. Through this authority, the National Institute on Alcohol Abuse and Alcoholism (NIAAA), in consultation with the National Institute on Drug Abuse, has funded two major research demonstration programs:

1. Community Demonstration Grant Projects for Alcohol and Drug Abuse Treatment of Homeless Individuals. (Funding level: FY 87--\$9.2 million; FY 89--\$4.5 million.)
2. Cooperative Agreements for Research Demonstration Projects on Alcohol and Other Drug Abuse Treatment for Homeless Persons. (Funding level: FY 90--\$16.4 million; FY 91--\$15.9 million.)

The first of these began in May of 1988 when **NIAAA** awarded grants on a competitive basis to nine community-based projects located in eight cities: Anchorage, Alaska; Boston, Massachusetts; Los Angeles, California; Louisville, Kentucky; Minneapolis, Minnesota; New York, New York; Oakland, California; and two projects in Philadelphia, Pennsylvania. The projects developed a variety of innovative outreach and treatment services for homeless individuals with alcohol or other drug abuse problems. In addition, projects were required to conduct a process evaluation and participate in a national evaluation of the full demonstration program. The findings of the national evaluation from this program are scheduled to be available in 1992.

The experiences in designing and implementing this first round of research' demonstrations laid the groundwork for the second round funded in September 1990: Cooperative Agreements for Research Demonstration Projects on Alcohol and Other Drug Abuse Treatment for Homeless Persons.

This program consists of fourteen new research demonstration projects on alcohol and other drug treatment for homeless persons. These projects are designed to evaluate the effectiveness of various interventions in achieving the following outcome objectives:

- (1) reduction in the consumption of alcohol and other drugs;
- (2) increase in levels of shelter and residential stability; and
- (3) enhancement of the economic and/or employment status of project participants.

This second round of research demonstrations emphasizes standardized quantitative methods to evaluate program processes and impact. To assess program processes, biostatistical and service utilization data will be gathered using a uniform data collection instrument. Program outcome will be assessed using a core battery of assessment instruments consisting of; the Addiction Severity Index, the Alcohol Dependence Scale, and a revised version of the Personal History Form. Outcome data will be aggregated as appropriate across the fourteen sites for purposes of analysis in a national evaluation study.

Located in metropolitan areas, the fourteen cooperative agreement research demonstration projects are geographically dispersed across the country (see map). An estimated 5,800 homeless adults will receive intervention services. Nine of the fourteen projects serve both men and women. One project is evaluating specialized services for women with children, while two projects are testing specialized services for homeless persons with a co-occurring alcohol or other drug problem and serious mental illness. The treatment intervention components of the projects serve an ethnically diverse clientele. Seven projects anticipate that over one half of their clients will be Black, two others will serve primarily American Indians, and two anticipate serving a majority of Hispanic clients.

Several themes are common to the demonstration projects. First, a majority of the projects are evaluating various models of case management and their efficacy as alcohol and other drug treatment interventions for this population. Second, a majority of the projects are providing alcohol and drug free housing, utilizing housing and program resources specific to their community. Third, a number of projects are evaluating the relative effectiveness of different models of alcohol and other drug treatment that are administered in various settings.

Specifically, in the twelve projects that are providing case management services, two have added case management as a distinct intervention to an existing alcohol and other drug treatment system, while the other ten projects provide the case management in conjunction with other treatment services. In these later instances, case management is coupled with either outpatient or residential alcohol and drug treatment, or with alcohol and drug free housing. Often, case managers have the dual responsibility of providing case management services as well as alcohol and other drug treatment. In a number of projects, case managers are also responsible for monitoring the sobriety of project participants.

In those sites where an intensive case management model is being used, the ratio of clients to case manager averages about 1:15. However, the backgrounds and qualifications of the case managers vary widely across the projects in terms of professional training and personal experience with recovery programs..

Nine of the projects provide a form of transitional or supported housing that is alcohol and drug free, as a part of the primary intervention being evaluated. At least four of these projects use a resident manager. Several projects have developed long-term alcohol and drug free housing designed after the Oxford House Model.

These research demonstration projects are examining a variety of services that represent the comprehensive continuum of care needed for effective treatment and recovery of homeless individuals with chronic alcohol and other drug problems. Three of the projects are evaluating residential alcohol and drug treatment services which use various community settings and treatment orientations. Two projects are looking into the effectiveness of structured alcohol and other drug treatment services within a shelter setting. Two projects are comparing the efficacy of outpatient services versus residential treatment. Four of the projects are evaluating outpatient treatment in conjunction with other intervention services. Finally, one project is studying the benefits of pre-vocational training, while another is examining the benefits of family counseling coupled with alcohol and other drug treatment and sober housing.

In addition to these interventions, the research demonstration projects are creating new methods to engage homeless persons in alcohol and other drug treatment programs. These include implementing new social detoxification services, shortening existing inpatient detoxification programs, and developing new outreach services.

This research demonstration program only begins to address the multiple needs of homeless individuals with alcohol and other drug problems. The findings from this research need to be incorporated into strengthening and expanding alcohol and other drug treatment services, housing options and job training for this population.

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**SUMMARY OF COOPERATIVE AGREEMENTS FOR RESEARCH DEMONSTRATION PROJECTS
ON ALCOHOL AND OTHER DRUG ABUSE TREATMENT FOR HOMELESS PERSONS**

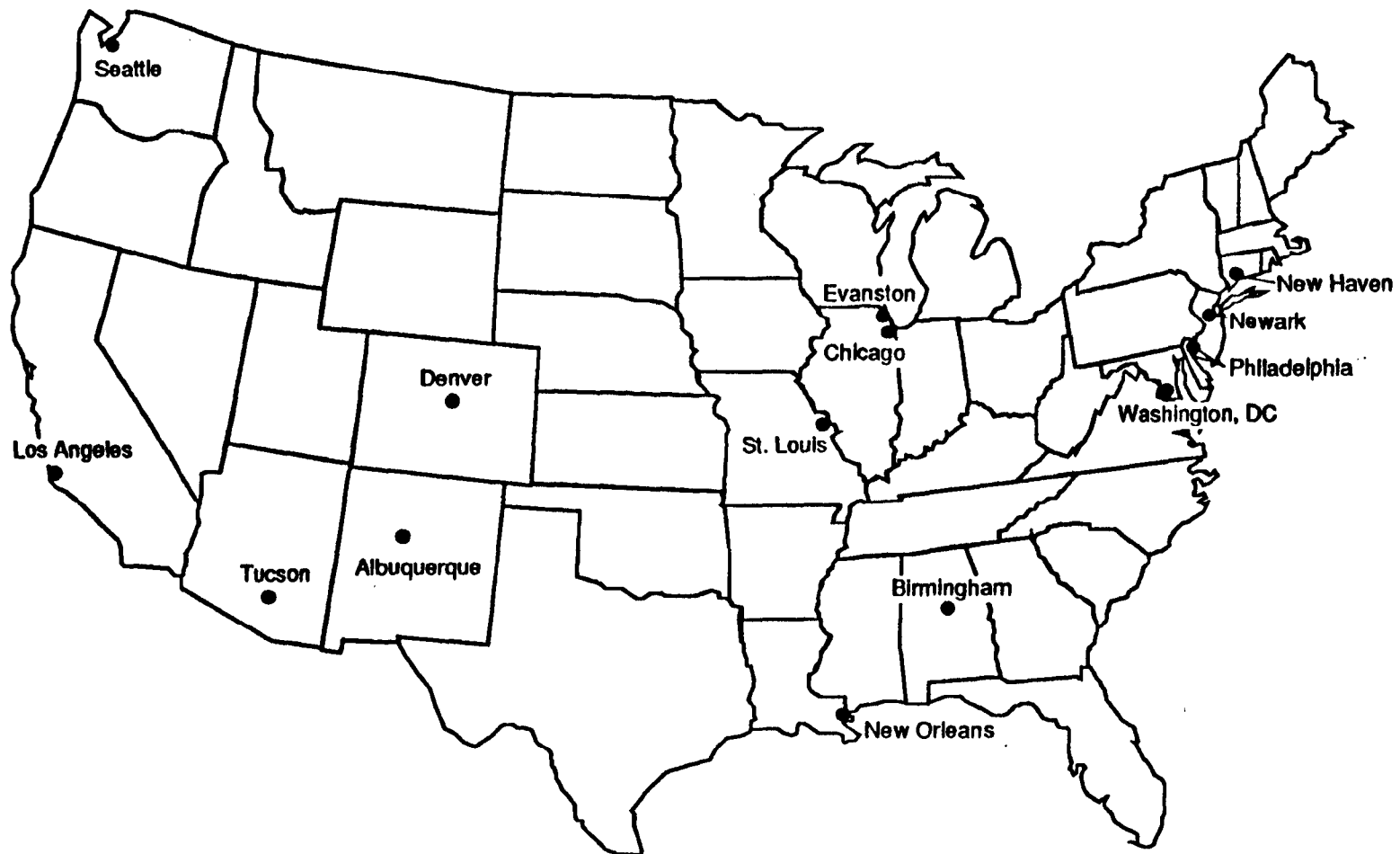
Project Name	Client Characteristics	Treatment Setting	Service Interventions and Evaluation Designs	Related Services	Number of Clients Sewed
Albuquerque, NM	80% Male 36% White 31% Hispanic 22% Native American	Day shelter, transitional housing, health clinic	Residential detoxification, then random assignment to one of 3 groups: (1) high-intensity services group receiving supervised transitional housing, case management, and case manager-facilitated alcohol and other drug treatment; (2) medium-intensity group receiving supervised transitional housing but only self-initiated treatment; (3) low-intensity group receiving motel-based individual housing and self-initiated treatment.	Job placement, Oxford House, health and dental services, money management	500
Birmingham, AL	77% Male 61% White	Multiservice health clinic	Random assignment to one of 2 groups: (1) intensive outpatient intervention that includes initial and extended intervention components and housing renovation activities to obtain alcohol and drug-free residential placement; (2) usual care.	Health and dental services	150
Chicago, IL	75% Male 57% Black 36% White 7% Hispanic	Service agency, supportive housing	Random assignment to one of 3 groups: (1) intensive case management from a freestanding agency plus supported housing in SRO units; (2) intensive case management only; (3) control.	Money management, employment services	440
Denver, CO	70% Male 40% CPI 36% Dually-diagnosed	Alcohol and other drug treatment agency	Random assignment to one of 2 groups: (1) usual treatment plus intensive case management; (2) usual treatment only.	Outreach, drop-in center, alcohol and other drug treatment, educational and vocational services, housing, mental and physical health services	360
Evanston, IL	100% Male 60% Black 35% White 5% Hispanic 70% Dually-diagnosed	VA hospital	Random assignment to one of 2 groups: (1) case-managed residential care; (2) usual outpatient treatment in current VA alcohol and other drug treatment unit.	Physical and mental health services, housing and employment supports	270
Los Angeles, CA	100% Dually-diagnosed 61% Male 63% White 31% Black 4% Hispanic	Socialization center, residential treatment facility	Random assignment to one of 3 groups: (1) treatment in a nonresidential program; (2) treatment through a new service linkage with an existing residential treatment program; (3) existing socialization program.	Case management, sober housing	280
New Haven, CT	100% Male 60% Black 25% White 15% Hispanic	Monitored shelter, community agencies	Random assignment to one of 2 groups: (1) alcohol and other drug treatment and intensive case management in a closely monitored drug-free shelter; (2) limited case management in drug-free but unmonitored shelters.	Shelter services, physical and mental health services	500

SUMMARY OF COOPERATIVE AGREEMENTS FOR RESEARCH DEMONSTRATION PROJECTS
ON ALCOHOL AND OTHER DRUG ABUSE TREATMENT FOR HOMELESS PERSONS

Project Name	Client Characteristics	Treatment Setting	Service interventions and Evaluation Designs	Related Services	Number of Clients Served
New Orleans, LA	82% Male 76% Black	Social detoxification facility, monitored housing units	Social detoxification then random assignment to transitional housing and/or extended residential alcohol and other drug treatment facility with intensive case management.	Vocational services, educational counseling	1,509
Newark, NJ	100% Male 82% Black 18% Hispanic	Hospital ambulatory clinic, vocational rehabilitation center, transitional housing facility	Random assignment to one of 4 groups in a 2x2 factorial design: (Factor 1) presence or absence of specialized prevocational training: (Factor 2) presence or absence of on-site case management. All clients receive alcohol and other drug treatment and alcohol and drug-free housing.	Permanent housing assistance	300
Philadelphia, PA	100% Male 95% Black-	Shelter, alcohol and other drug treatment facility, transitional housing facility	Random assignment to one of 3 groups: (1) supervised housing and case management integrated with alcohol and other drug treatment and vocational/educational services; (2) monitored shelter and intensive case management with a community network of services; (3) typical shelter services with usual casework.	Shelter services, aftercare counseling	700
Seattle, WA	80% Male 50% Native American	Detoxification facility	Random assignment to one of 2 groups: (1) long-term intensive case management; (2) treatment as usual.	Alcohol and other drug treatment, residential services	300
St. Louis, MO	190% Women with Children	Family shelters, supervised transitional housing facility	Random assignment to one of 6 groups. Four groups are housed at two Salvation Army shelters and also receive one of the following: (1) usual care; (2) extended case management; (3) family services intervention, or (4) both extended case management and family services intervention. Remaining two groups receive intensive outpatient treatment and multiple support services while residing either in: (1) new drug-free residence or (2) existing shelters.	Physical and mental health services, parenting and educational classes and job training	249 women 600 children
Tucson, AZ	59% Male 59% Minorities	Nonresidential center, residential therapeutic community	Random assignment to one of 2 groups: (1) nonresidential counseling and educational center; (2) modified residential therapeutic community with community network of services.	Vocational and skills building classes, medical services	432
Washington, DC	100% Dually-diagnosed 58% Male 74% Black 24% White 2% Hispanic	Mental health agency	Random assignment to one of 2 models of intensive case management: (1) case managers provide mental health and alcohol and drug treatment; (2) case managers provide mental health services and link clients to other alcohol and drug treatment.	Training for case managers, vocational counseling, supportive housing, crisis services	200

Location of Project Sites

Cooperative Agreements for Research Demonstration Projects on Alcohol and Other Drug Abuse Treatment for Homeless Persons



Fiscal Year 1990

ALBUQUERQUE. NEW MEXICO

Substance Abuse Treatment Programs for Homeless Persons

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PROJECT EMPHASIS: Residential detoxification, intensive case management, and supervised alcohol and drug-free housing

CLIENTS TO BE SERVED: Homeless single adults who have used the St. Martin's Hospitality Center as a mailing address for a minimum of 3 months are being recruited for this project. Subjects also are recruited from outreach to shelters, hospitals, corrections agencies, and other sources in the community. The anticipated profile of clients to be served is 80% male and 20% female; 38% white, 31% Hispanic, and 22% Native American. Approximately 700 persons are being accepted into the detoxification program; 500 persons are expected to complete detoxification and be randomly assigned to the service interventions..

PROJECT DESCRIPTION: This project features a collaboration between Health Care for the Homeless, which has established a residential detoxification center, and St. Martin's Hospitality Center, which is providing housing and intensive case management. The new detoxification center utilizes a **nondrug** approach and emphasizes the principles of Alcoholics Anonymous and the social environment as vehicles for recovery. The detoxification program has full staff coverage 24 hours per day, including one full-time registered nurse and other medical backup.

After completing either residential or inpatient detoxification, clients are assigned to one of three treatment groups for a **4-month** period. Group I receives intensive case management' from staff located at St. Martin's, combined with transitional alcohol and drug-free housing, which is supervised by a resident house manager. Each case manager, who is required to be a state-certified alcoholism counselor, has a caseload of approximately 10 clients and provides direct services for alcohol and other drug treatment, social and living skills improvement activities, and vocational development services, in addition to case management services.

Group II receives the same type of transitional housing as Group I, but clients of this group seek alcohol and other drug abuse treatment on their own initiative and develop their own group and peer support networks. Clients in Group III are housed in downtown motels, with no intervention other than that which each person seeks on their own. Client sobriety will be monitored through random intoximeter breath tests and urine tests.

EVALUATION DESIGN: Data regarding baseline characteristics of project participants are collected before random assignment into one of the three treatment groups. Outcome data are collected during **followup** interviews conducted 4 and 10 months after detoxification. Comparisons will be drawn among the three treatment groups for the following outcomes: (1) the number of dropouts from the housing program; (2) frequency and quantity of alcohol and other drug use; (3) economic stability; (4) employment status; and (5) measurements of depression and self-esteem. Outcome comparisons also will be drawn among the three ethnic subgroups in the target population.

BIRMTNGHAM. ALABAMA

Comparative Substance Abuse Treatments for the Homeless

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PROJECT EMPHASIS: Intensive outpatient treatment, employment skills training

CLIENTS TO BE SERVED: A total of 150 homeless individuals are being recruited for the project. The population is 77% male and 61% white, but no individuals are excluded from the study because of gender, age, or ethnic origin.

PROJECT DESCRIPTION: The staff of the Birmingham Health Care for the Homeless Coalition (BHCHC) recruits clients from BHCHC health clinics, shelters, and other established BHCHC outreach activities. Clients are assigned to one of two interventions: usual care or intensive outpatient intervention. Clients assigned to usual care are provided access to weekly alcohol and other drug treatment groups. These groups are primarily educational, focusing on alcohol and other drug abuse; subjects include the disease concept of addiction, AIDS education and risk reduction, and behavioral change. Referrals to other available services also are provided.

Clients assigned to the intensive outpatient intervention are enrolled in a structured program for 2 months that includes multiple daily contacts addressing alcohol and other drug treatment. At least two therapeutic contacts must be made each day (contacts are defined as participation in an individual counseling session, group therapy, or education or activity group). Additional therapeutic interventions are offered related to job training and locating, health care, parenting and day care, anger management and conflict resolution, recreation, and mutual support. After 2 months, clients enter an outpatient aftercare program for 4 months; activities include individual counseling, group therapy, education, relapse prevention training, and occupational therapy.

In addition to the required involvement in individual and group therapy, clients participate in the renovation of houses acquired by BHCHC. Approximately four houses a year will be renovated. Renovation activities **are supervised** by Bad Boy Builders of Birmingham, a consortium of area builders and contractors. Once a house is renovated, clients are offered residential placement. Upon placement, residents are taught residential living skills. The houses operate in compliance with Oxford House guidelines.

EVALUATION DESIGN: Both process and outcome data are collected throughout the intervention period and 6 months after discharge to compare the intensive outpatient

intervention and usual care groups. Assignment to the two groups is random. The major hypotheses include the following: (1) The intensive outpatient intervention will result in greater reduction in consumption of alcohol or other drugs than usual care; (2) the intensive outpatient intervention will increase levels of shelter and residential stability more than usual care; and (3) the intensive outpatient intervention will enhance the economic and employment status of homeless persons more than usual care.

CHICAGO, ILLINOIS

Demonstration of Case Management and Supported Housing

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PROJECT EMPHASIS: Intensive case management, supportive housing

CLIENTS TO BE SERVED: Homeless adults' who have just completed inpatient alcohol and other drug treatment at various community facilities are being recruited for the project. The anticipated profile for clients is 75% male and 25% female and 57% black, 36% white, and 7% Hispanic. Approximately 24% have at least one previous psychiatric commitment. An estimated 440 individuals are being recruited into the project.

PROJECT DESCRIPTION: Project clients are assigned to one of three conditions: (1) a control group that is only interviewed, (2) a group that is offered intensive case management services for a year, or (3) a group that is offered intensive case management for a year plus supportive housing for up to 8 months. Each case manager has a caseload that averages 15 clients; half of the cases on each caseload are in supportive housing; half are not.

The case manager develops a contract with each client covering consent to treatment, orientation to available services, and a plan for the day of discharge. The case manager then completes an intake assessment and psychosocial evaluation, provides referrals to shelter or other housing, and develops an individualized service plan. The case manager provides some of the services; the remaining services are provided by other staff of the project's subcontracting agency, Travelers and Immigrants Aid, or by referrals to other community agencies. Key services that are provided include alcohol and other drug treatment aftercare and supportive services, individual and group counseling, material assistance, advocacy or legal assistance with entitlement programs, money management by a representative payee, employment referrals, physical and mental health services, drop-in centers, outpatient day programs, educational programs, and 12-step programs. The service plan is reviewed weekly by the case manager and supervisor.

Supportive housing is provided to one group of clients, using SRO (single-room occupancy) units. Clients are required to contribute a portion of their income as rent. Alcohol and other drug use is monitored by the case managers.

EVALUATION DESIGN: Project participants are randomly assigned to one of the three groups. All participants, including individuals assigned to the control group, are

interviewed three times: upon selection, 8 months later when the residential component of the intervention is completed, and 6 months after the second interview. The outcome evaluation will determine the relative effectiveness of each intervention in (1) reducing drinking behavior, (2) improving mental health and residential stability, (3) increasing contact between individuals and their potential social support and social service networks, and (4) improving measures of individual coping ability. The outcome evaluation also will determine whether interventions are more effective for some individuals than for others.

DENVER, COLORADO

Intensive Case Management for Homeless Substance Abusers

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PROJECT EMPHASIS: Intensive case management, transitional housing, outreach

CLIENTS TO BE SERVED: The project serves a heterogeneous sample from a wide set of referral sources that is representative of the entire homeless population in the Denver metropolitan area. The project includes 70% men and 30% women. An estimated 40% of the clients will be chronic public inebriates with repeated admissions for detoxification and 30% will have a dual diagnosis of alcohol and other drug dependence with a co-occurring serious mental illness. Approximately 360 individuals are expected to participate.

PROJECT DESCRIPTION: This project funds two outreach components, in addition to an extended intervention. First, a Mobile Outreach Response Effort (MORE) van that is equipped with a cellular telephone and staffed 14 hours a day, 7 days a week, makes regularly scheduled visits to several homeless shelters and other sites in which homeless persons are known to congregate. In addition, the van responds to requests for emergency assistance from agencies that serve homeless persons and provides transportation to the Arapahoe House detoxification program or transitional residence.

Second, Arapahoe House and the Stout Street Clinic jointly operate a drop-in center, which is located on the ground floor of a facility owned by the clinic. The drop-in center is subdivided into separate sections for men and women. The staff at the drop-in center includes certified alcohol and other drug abuse counselors and trained volunteers from the Community Friend program.

The outreach efforts funnel potential project clients to a transitional residence facility operated by Arapahoe House. They are housed in the transitional facility for 3 to 5 days to assess their eligibility for the project.

Eligible individuals are assigned to either the experimental group or the control group. Clients in the experimental group receive intensive case management, while those in the control group do not. Clients in both groups have access to the continuum of services provided by Arapahoe House and other community agencies. Services operated by Arapahoe House include a nonmedical detoxification program, residential treatment programs, outpatient treatment clinics, transitional and permanent housing, and educational and vocational programs.

Case management services are provided to clients in the experimental group for 4 months or until the client is discharged from Arapahoe House, whichever occurs first. There are six full-time case managers and a case manager coordinator. The case managers operate in dyads, with a primary case manager and co-case manager for each client. Each case manager dyad has a caseload of 17 clients. The case manager dyads also can call on specialists to provide assistance in defined areas. The specialists include a psychiatrist, a dual diagnosis therapist, and a housing resources specialist.

The case managers determine which services best meet individual client needs and assist each client in obtaining these services. Case managers also teach skills that clients need to function independently in the community. Furthermore, the case managers monitor the status of clients with respect to their alcohol and other drug abuse problems and, when appropriate, engage in crisis intervention.

EVALUATION DESIGN: Participants are randomly assigned to either the experimental or the control group and tracked during the 10-month period following their enrollment in the study. The effects of the intensive case management intervention will be assessed on an extensive range of client outcomes, including use of alcohol and other drugs, residential stability (including alcohol and drug-free residences), physical and mental health, employment and educational level, and quality of life. The effects of the intervention also will be estimated for subgroups of the target population.

EVANSTON, ILLINOIS

Case Managed Residential Care for Homeless Addicts

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PROJECT EMPHASIS: Inpatient detoxification, case-managed residential care, outpatient treatment

CLIENTS TO BE SERVED: The target population is male homeless veterans. Approximately 60% are black, 35% white, and 5% Hispanic. All clients must have a diagnosis of chemical dependency; a significant number have a co-occurring mental illness and some have an additional physical disability. A total of 270 veterans are being recruited for the project.

PROJECT DESCRIPTION: Phase I consists of inpatient detoxification and stabilization for both control and experimental group clients. All clients are admitted to the Hines VA Hospital alcohol and other drug abuse inpatient units for detoxification from alcohol and other drugs. Their health care is evaluated and necessary care is provided, including psychiatric medication. Individuals who wish to participate in the project complete the baseline assessment; at the end of 5 days, they are randomly assigned to the control or experimental group.

Phase II treatment for the control group consists of continuation in customary inpatient treatment for another 2 to 3 weeks. During this time they receive alcohol and other drug abuse education and participate in group therapy, self-help sobriety groups, and recreational and occupational therapy. They are evaluated by a physician and treated for any medical or psychiatric conditions. In addition, clients meet with the social work staff to make discharge plans. They are given information and referrals to community sobriety self-help groups and housing and employment resources. Resources are provided for telephone calls, bus fare, and other basic requirements for discharge planning.

Phase III care for the control group consists of customary community care. Clients receive whatever outpatient services are usually available from community and VA resources. For instance, clients are eligible for VA outpatient physical health, mental health, and alcohol and other drug treatment and for the existing range of community housing and employment supports.

Following detoxification, clients in the experimental group are transferred to the Case-Managed Residential Care (CMRC) program for up to 12 months. The CMRC

program includes Phase II transitional residential care in a special 30-bed facility, followed by Phase III ongoing case-managed community living. The 30-bed facility occupies a building that was renovated with funds provided by the Department of Veterans Affairs Central Office in Washington, DC.

The rehabilitative services provided in Phase II of the CMRC program focus on three issues: (1) sobriety maintenance and relapse prevention, (2) residential stability, and (3) employment stability. Sobriety maintenance and relapse prevention are addressed through urinalysis and breathalyzer tests, required participation in community sobriety self-help groups, and relapse prevention training. Social work case managers assist clients to achieve a set of specific incremental treatment goals; resources for telephone calls and bus travel are provided.

Phase II also includes work groups led by an occupational therapist and dietitian that focus on basic living skills and residents' participation in daily cooking and cleaning chores. Employment stability enhancement is facilitated by a full-time vocational therapist who meets with each client and case manager to develop a plan for job-seeking and leads job-readiness work group sessions. Residents participate in the VA Compensated Work Therapy Program, where they earn minimum wage performing piecework in various industry settings. Clients are encouraged to go into the community to meet their general needs (e.g., recreation and physical and mental health services).

In Phase III, the community living phase of the CMRC program, the social work case managers continue to provide intensive support and problem-solving assistance to clients in maintaining their goals for up to 12 months postentry.

EVALUATION DESIGN: Participants are randomly assigned to the experimental group or the control group. Structured interviews with participants occur at entry, discharge, and 6 and 12 months postadmission. In the outcome analyses, the two groups will be compared on abstinence; psychiatric, social, and vocational functioning; and the utilization of medical and mental health services. A cost-benefit analysis also will be performed.

LOS ANGELES, CALIFORNIA

Evaluation of Treatment Options for the Dually Diagnosed

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PROJECT EMPHASIS: Initial engagement, residential and nonresidential treatment, case management, sober housing

CLIENTS TO BE SERVED: A total of 280 homeless individuals are being recruited for the project. Individuals must have a dual diagnosis of chronic **alcohol** or other drug problems and a co-occurring serious mental illness (schizophrenia or major affective disorder). The anticipated client profile is 81% male and 19% female, 63% white, 31% black, and 4% Hispanic.

PROJECT DESCRIPTION: Two agencies are collaborating to compare the effectiveness of residential and nonresidential treatment services for homeless individuals with a dual diagnosis of chronic alcohol or other drug problems and a serious **co**-occurring mental illness. Step Up on Second Street (Step Up) provides case management and educational, vocational, and socialization services to homeless and nonhomeless mentally ill individuals in downtown Santa Monica. The River Community is a social model residential treatment program that provides recovery services to the dually diagnosed; it is located 80 miles away in an isolated setting near the Angeles National Forest.

Step Up has initiated new activities at its day socialization center to engage dually diagnosed individuals in the alcohol and other drug treatment process. Treatment staff members from both programs lead process groups available to all Step Up clients. A psychiatrist provides medical supervision. Clients who have visited Step Up at least five times are randomly assigned to one of three experimental conditions: (1) direct admission into residential treatment at the River Community, (2) treatment in a new nonresidential program at Step Up, or (3) participation in the existing case management and socialization program at Step Up. In addition, a nonexperimental comparison group is studied, consisting of dually diagnosed, homeless individuals who enter the River Community through the usual county referral process.

The length and components of the residential and nonresidential treatment interventions are similar. Both consist of a **3-month** treatment period, similar program elements, and staff with similar training. The primary goal is stabilization of psychiatric symptoms, detoxification from alcohol and other drugs, and development of skills for community living. The social model treatment curriculum includes individual counseling and case

management; self-help groups; group therapy; facilitated discussion groups on basic living issues; alcohol, other drug, and mental illness education groups; and social and recreational activities. There are separate tracks for clients with thought and mood disorders and for those with primary alcohol versus primary problems with other drugs. Recovery specialists are employed to provide case management and counseling services, based on individualized treatment plans, for their assigned clients. In the first month, clients meet with their case manager 5 days per week, then decrease to three times a week. Urine screening is done on a random basis with results used clinically to address issues of denial and relapse.

Clients who complete treatment are eligible for the maintenance program, which includes placement in sober-living settings and participation in the evening meal at Step Up, self-help group, and a twice-weekly maintenance discussion group.

EVALUATION DESIGN: Eligible individuals are assigned to one of the three experimental conditions using a stratified random procedure. Stratifying variables include gender, presence of antisocial personality, type of drug use, type of mental illness, residential status, and length of association with Step Up. All participants complete an initial baseline assessment and additional outcome assessments at 3, 6, and 9 months postentry. Collateral information also is collected from knowledgeable relatives and friends. The outcome evaluation will analyze the degree to which the interventions reduce alcohol or other drug use, ameliorate symptoms of co-occurring mental illness, enhance social functioning, and improve residential and economic stability. The study also will compare the two interventions with respect to program attrition, short-term and long-term outcomes, and costs.

NEW HAVEN, CONNECTICUT

Research on Services for Homeless Substance Abusers

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PROJECT EMPHASIS: Case management, day/evening residential treatment, alcohol and drug-free housing

CLIENTS TO BE SERVED: Homeless men with a current or recent history of cocaine abuse are the primary focus for the project. The population is 60% black, 25% white, and 15% Hispanic. Approximately 500 men are being served.

PROJECT DESCRIPTION: This project involves a collaboration among several organizations in the New Haven area. The city of New Haven is providing the building to house the residential and day/evening treatment components of the project and has contracted for operation of the shelter. The Hill Health Center is providing the services for the rehabilitation program at the shelter. Detoxification is being provided by the South Central Rehabilitation Corporation through a subcontract with the Hill Health Center. Training, continuing education, and technical assistance are being provided by the APT Foundation.

Case workers at the detoxification center make the initial eligibility assessments. Following detoxification, clients are assigned to either the demonstration project or the standard treatment condition. Clients assigned to standard treatment are referred to a temporary shelter operated by the city of New Haven and linked with a case manager. The case manager, who is located at the shelter and carries a caseload of 50 clients, provides referrals to existing community services. Clients in the demonstration project move into the Grant Street Shelter for 3 months. A psychiatric assessment is conducted at entry, with referral to mental health services as needed.

Each client in the demonstration project is assigned to work with a case manager who conducts a multiphasic assessment of the client's vocational, educational, and psychosocial needs, including housing and entitlements. The Greater New Haven Homeless Health Care Project Team evaluates the client's physical condition and arranges any necessary **followup** in concert with the case manager.

The case manager develops a contract of abstinence with the client as well as a treatment and discharge plan. The case manager monitors the client's progress, assists in locating housing and vocational programs or jobs, works with the client to construct a

social network of abstinence, and serves as a link to community resources. In addition to these caseload responsibilities, each case manager has specialized responsibilities such as job finder, recreational coordinator, vocational-educational coordinator, or alcohol or other drug abuse counselor and functions as a treatment team for all clients. Finally, the case manager assists in staffing the day-evening program at the shelter.

The program operates at the shelter from 7 a.m. to 10 p.m., 7 days per week, with a modified weekend schedule. The program emphasizes and encourages individual insight into addiction and personal behavior and attitudes; group support and creation of an alternative, drug-free culture; and development of basic living skills. The Greater New Haven Homeless Health Care Project provides **onsite** medical care and **AIDS** education.

Case managers continue to work with their assigned clients for 6 months following discharge, providing support, crisis intervention counseling, and referrals.

EVALUATION DESIGN: Participants are randomly assigned in pairs to either the demonstration project or the standard treatment condition. They are interviewed at, entry and after 3, 6, 9, 15, and 21 months to assess the effectiveness of the demonstration program as measured by differences in residential situation, consumption of alcohol and other drugs, employment status, and use of community-based physical and mental health services. In addition, the project will be evaluated by means of participant observation and other ethnographic techniques.

NEW ORLEANS, LOUISIANA

New Orleans Homeless Substance Abuse Project

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PROJECT EMPHASIS: Detoxification, transitional housing, extended residential care

CLIENTS TO BE SERVED: The project provides services to homeless individuals, couples, and families. An estimated 82% of the clients are male, and 76% are black. The project expects to enroll from 1,000 to 1,500 homeless persons.

PROJECT DESCRIPTION: This project consists of three separate service components: social detoxification, transitional housing, and Extended Care/Independent Living.

First, the Center for Supervised Residential Services, Inc. (CSRS) has expanded its existing social detoxification program to provide detoxification services to intact husband-wife pairs who are homeless and to homeless women with children. The social detoxification program is a 3- to 7-day intervention that provides clients with (1) an opportunity for detoxification in a supervised therapeutic setting, (2) a first exposure to AA and the 12 steps, and (3) evaluation for referral to ongoing treatment or housing. Before discharge from detoxification, the clients (approximately 800 during the project period) are interviewed by the research team who follow them for up to 2 years, regardless of client placement after detoxification. Clients then are assigned or self-select into the transitional housing facility or the extended care program, or they are referred to other treatment facilities.

Second, CSRS has developed a transitional housing facility to provide short-term (21-day) residential stabilization and limited case management services for approximately 1,000 homeless individuals and families who have completed detoxification during the project period. Facility staff members conduct a detailed evaluation and assessment of the clients' housing, medical, nutritional, educational, and vocational needs to ensure appropriate discharge placement. The full-time staff for the facility includes an alcohol and other drug abuse counselor, case manager, resident manager, and three desk clerks to provide 24-hour per day coverage. Part-time nursing services are available.

The Extended Care/Independent Living for the Homeless Program provides residential care for at least 1 year for an estimated 400 homeless individuals and families during the project period. Services include supportive counseling, intensive case management (both individual and team), client advocacy, vocational assessment, training and placement,

medical stabilization, educational counseling, and permanent housing placement. Residents are expected to contribute to the cost of their care. Staffing for the facility is identical to that in the transitional facility.

EVALUATION DESIGN: The objective of the outcome evaluation is to compare the effectiveness of transitional housing, the extended care/independent living intervention, and their combination on several major outcomes: sobriety, residential and economic stability, family reintegration, and social functioning. Following an initial period of self-selection into the transitional and extended care facilities, project participants are randomly assigned to the four arms of the study (including a control group). Participants are interviewed at intake (social detoxification) and again at 3-, 6- and 12-month intervals.

NEWARK, NEW JERSEY

Homelessness, Substance Abuse: An Investigation of Two Interventions

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PROJECT EMPHASIS: Prevocational training, **onsite** case management, outpatient alcohol and other drug treatment, and alcohol and drug-free housing

CLIENTS TO BE SERVED: The project serves 300 homeless male alcoholics and polydrug abusers between the ages of 18 and 55 who are involved in the Newark city welfare system. Approximately 82% are black and 18% Hispanic.

PROJECT DESCRIPTION: Project clients are referred by the Newark Division of Public Welfare (DPW). Before screening for the project, clients complete detoxification and inpatient rehabilitation. Clients are assigned to one of four treatment groups: Group I receives standard case management; Group II receives standard case management and specialized prevocational training; Group III receives **onsite** case management; and Group IV receives **onsite** case management and specialized prevocational training. All clients receive outpatient alcohol and other drug treatment and alcohol and drug-free transitional housing.

All clients are seen 4 days a week for alcohol and other drug treatment. The treatment is provided by certified alcoholism counselors at Addiction Recovery Services (ARS) and includes education, introduction to self-help groups, and therapeutic process groups.

All clients live in the same **75-bed** supervised transitional housing facility for 6 months. Clients in the four treatment groups are housed on different floors to minimize the diffusion of treatment effects. All residents are required to attend the house AA and NA meetings. Supplemental funds for permanent housing are provided by DPW upon completion of the treatment intervention.

Prevocational training is provided to half of the clients by the Archbishop Boland Rehabilitation and Training Center. The training occurs over a 6-month period and includes a **5-week** initial evaluation phase. At the end of the evaluation phase, clients are placed in one of four skills training programs: clerical, dietary/food handling, general custodial/residential and commercial painting, or nurse's aide training. Training activities precede or follow the daily outpatient alcohol and other drug treatment groups.

Onsite case management is delivered at ARS by a DPW case worker. Case management functions include service linkage, benefits acquisition, and advocacy. The **onsite** case workers are randomly assigned from a pool of volunteers to spend 1 day per week in the ARS clinic reviewing the service linkages and benefits of assigned clients and attending- multidisciplinary staff meetings. They are rotated through the clinic on a 6-month basis to minimize any single case worker's effect. Work responsibilities are identical to those of case workers in the DPW office, and no special training is provided to **onsite** case workers.

EVALUATION DESIGN: Participants are randomly assigned to one of four treatment groups. Data are collected at entry, discharge, and 6 months postdischarge. Outcomes will be measured on dependent variables such as alcohol and other drug consumption, housing stability, and mental health. Covariates that may predict outcome include social support, education, length of time abusing alcohol and other drugs, prior employment, pure alcoholic versus polydrug abuse status, and length of time homeless. The study also will explore the nature and utilization of social supports among the target population.

PHILADELPHIA, PENNSYLVANIA

Assessing Treatments for Homeless Poly-Addicted' Men

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PROJECT EMPHASIS: Case management using dispersed community services; counseling and case management in an integrated residential program

CLIENTS TO BE SERVED: A total of 700 homeless polydrug-addicted men are being recruited for the project; 95% are black.

PROJECT DESCRIPTION: Project clients are recruited for the project from among the men occupying long-term beds at the Ridge Avenue Shelter, which is operated by the Diagnostic and Rehabilitation Center (DRC). Shelter workers interview and screen the men to determine eligibility. Eligible individuals are randomly assigned to one of three treatment groups: typical shelter services with usual case management (Group 1), shelter and intensive case management with referral services to a community network of services (Group 2), and case management provided by an anchor counselor with recovery and treatment services integrated at one site (Group 3).

Clients in Group 1 remain as residents in the Ridge Avenue Shelter. **Onsite** services include AIDS education and NA and AA meetings. The shelter staff provides daily support and guidance while the staff from the city's Office of Services to Homeless Adults provides usual case management services. Caseloads average about 75 clients per case manager. Consequently, Group 1 clients primarily receive initial intervention services with some extended interventions if self-initiated or referred by the case manager.

Group 2 clients also remain as residents in the Ridge Avenue Shelter. In addition to the services listed for Group 1, they receive the services of a special case management unit called the RIS (Resource and Information Specialists) Unit. The RIS case managers are housed in the shelter and have an average caseload of 15 clients. DRC employs staff from the area who are "street smart" and either recovering or involved with the recovery process.

The RIS case managers secure needed evaluation, treatment, and support services for their clients through resource and information development. Client accountability is incorporated into the resource plan. In addition to treatment for alcohol and other drug abuse, areas addressed by the resource plan include financial assessment, medical

coverage, and income assistance; income management; educational and vocational training; physical and mental health care; life skills; housing; specialized services for such issues as domestic violence and criminal or delinquent behavior; and supportive services for physical disabilities, AIDS, or other special needs. When Group 2 clients are discharged, **followup** personnel provide aftercare services, including counseling, information, and referral services at the client's residence. Aftercare visits are conducted on a minimum basis of every other month.

Clients in Group 3 are transferred from the shelter to the residential facilities operated by DRC. Each client is assigned a counselor who acts as the case manager and assumes the responsibility for the treatment process with the support of the residential staff. Counselor caseloads average 15 clients. Services provided to Group 3 clients include participation in AA, NA, and Double Trouble meetings and individualized therapeutic treatment through individual counseling, group therapy, and lectures. AIDS counseling, relapse prevention, anger management groups, and parent training are also available. Emphasis is placed on gaining employment and establishing independent housing. Clients are offered life skills preparation, job search skills training, and vocational and educational training. The approximate length of treatment is 4 to 6 months. As in Group 2, **followup** personnel continue to follow the clients after discharge. Clients receive aftercare counseling and referral services at a minimum of once every 2 months.

EVALUATION DESIGN: Project participants are randomly assigned to the three treatment conditions. Data are collected at intake, discharge, and 6 months after discharge. The outcome assessment will focus on the effectiveness of the three approaches in reducing alcohol and other drug use, fostering placement in independent living, promoting residential stability, increasing economic and employment status, improving family and social relations, and enhancing mental health. In addition, the study will investigate which service utilization patterns and which personal factors (demographic, social, and psychological) best predict success and failure of treatment. Ethnographic interviews also will be done.

SEATTLE, WASHINGTON

Intensive Case Management for Chronic Public Inebriates

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PROJECT EMPHASIS: Case management

CLIENTS TO BE SERVED: Approximately 300 clients are being recruited from among those homeless individuals who have used the King County Detoxification Center repeatedly over the course of a year. The clients are 80% male and 20% female. Half of the males are Native Americans or Alaska Natives; the remaining males and the females are ethnically diverse (white, black, Hispanic, Asian).

PROJECT DESCRIPTION: This project evaluates an intensive, long-term case management program for a group of homeless public inebriates who are the most frequent users of the King County Detoxification Center. Clients in the experimental condition of intensive case management are compared with a control group that receives services as usual.

The King County Division of Alcoholism and Substance Abuse Services provides a comprehensive range of services that are available to all project clients. These services include information and referral; intensive inpatient and outpatient alcohol and other drug treatment; extended long-term residential care; recovery house services; outpatient individual, group, and family counseling services; aftercare; and involuntary treatment services.

For the experimental condition, 10 case managers are housed in the same building as the detoxification program. Each case manager has a caseload of 15 assigned clients.

A social learning model is incorporated in all staff/client relations to (1) offer opportunities for obtaining services or benefits; (2) assess skills and provide the assistance or training needed to participate effectively; and (3) provide clear reinforcements, which should be mainly positive in nature. Case management is nontreatment oriented; case managers provide the connection between the service systems and their clients. Clients are referred to treatment if they express a desire for help with their alcohol or other drug abuse problem. Case managers provide ongoing contact with clients in practical areas based on their stated needs or interests. (E.g., food, shelter, and clothing are priorities during initial client contact.) The case

manager also initiates and maintains client eligibility for entitlement benefits when desired by the client.

EVALUATION DESIGN: Within each of the three sample subgroups (Native American men, other men, and women), clients are randomly assigned to equal-sized experimental and control conditions. All participants are interviewed and have blood samples drawn for liver function tests at admission and at 6-month **followup** periods for 2 years. Data will be analyzed to determine (1) whether intensive case management improves the clients' pattern of social service utilization, (2) whether intensive case management improves the clients' quality of life, (3) how the costs and cost-effectiveness of case management compare with treatment as usual, and (4) whether specific client or case manager characteristics are associated with successful outcome.

ST. LOUIS, MISSOURI

Substance-Abusing Homeless Families: Breaking the Cycle

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PROJECT EMPHASIS: Supervised shelter housing, case management, child development and family services, alcohol and other drug treatment

CLIENTS TO BE SERVED: Study clients are homeless and at-risk homeless women with alcohol and other drug abuse problems who have children younger than 12 or who are pregnant. Approximately 240 homeless women with an estimated 600 young children are being recruited for the project over a **2-year** period.

PROJECT DESCRIPTION: The project encompasses services provided by two organizations: the Salvation Army and Grace Hill Neighborhood Services. It evaluates three extended interventions: (1) intensive 1-year case management of the family, (2) long-term child development services and family therapy, including alcohol and other drug support group activities, and (3) alcohol **and** drug-free, supervised housing in conjunction with a holistic approach to treatment of women and their children.

The Salvation Army operates two shelters, Family Haven (FH) and Community in Partnership (CIP), that are sites for this project. The two shelters are nearly identical, with the exception of the Building Blocks program for children at CIP. Both shelters provide training in basic life skills; G.E.D.; educational, recreational, and social services; legal services; health care; employment and housing search assistance; child care; child assessment; and development services. Women with alcohol and other drug abuse problems are linked with appropriate inpatient, outpatient, or support services. Case management responsibilities are shared by the social workers, the community health nurse, and the alcohol and other drug abuse counselor at the shelter. Women typically remain in the shelter for 60 days.

In the first intervention, this existing model of case **management** is compared with an extended case management model in which the client is assigned to a case manager for **12** months. The staff includes four public health nurses and one M.S.W. social worker; each carries a caseload of 10 to 15 families. The case manager advocates for needed services and coordinates the client's transition through the shelter and treatment services. The elements of case management also include parenting education, health and nutrition counseling and periodic case-conferencing with other agencies serving the family.

In the second intervention, the Building Blocks program at CIP is enhanced by the addition of a family counselor. The program utilizes a three-point approach: (1) assessing cognitive and developmental problems; (2) developing an individualized learning plan to be carried out with the child development specialist, mother and, teachers; and (3) serving as an advocate for the children and mother. This intervention allows homeless families entering CIP to receive services through their 60-day stay in the shelter as well as during the following 10-month period. The family counselor remains actively involved with the families to facilitate their stabilization and transition into housing. The control group is the families at FH who do not have the family counseling program available.

In the third intervention, a new program at Grace Hill Neighborhood Services targets homeless women with an alcohol or other drug problem and provides housing for them and their young children for 3 months while they participate in alcohol and other drug treatment. Families assigned to the experimental group are housed in a residence operated by Grace Hill; families in the comparison group reside in shelters and other temporary housing. All clients participate in structured intensive alcohol and other drug treatment on an individual and group basis for 2 hours per day, 5 days per week, for 3 months. In addition, they are involved in parenting skills training, educational and job training, and ongoing group therapy and support groups. Day care and physical and mental health services are available for the women and their children from the clinic. Clients meet regularly with their assigned case manager and counselor to process any problems associated with the supervised living arrangements; staff members teach problem-solving skills, organizational skills, and use of free time. The women continue in an aftercare program after moving into independent housing; they are followed by the case manager for approximately 1 year after admission. The staff includes an alcohol or other drug abuse counselor, an M.S.W. social worker, and a B.S.W. social worker/case manager.

EVALUATION DESIGN: Each intervention strategy involves random assignment of the study participants. Outcome data are collected from the women and children at entry and at 6-month intervals. The outcome evaluation will analyze data from the comparison groups in each intervention to determine what factors are associated with program effectiveness in reducing alcohol and other drug abuse, improving residential and economic stability, and enhancing individual and family functioning.

TUCSON, ARIZONA

Southern Arizona Alcohol/Drug Program for the Homeless

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PROJECT EMPHASIS: Nonresidential counseling and education; modified residential therapeutic community

CLIENTS TO BE SERVED: Approximately 432 homeless individuals are being enrolled over a 3-year period in the intervention groups. An additional 144 homeless persons are assigned to the no-treatment control group. The client sample is 50% male and 50% female. At least half of the clients are Hispanic, Native American, or black.

PROJECT DESCRIPTION: Project clients are referred by the various community agencies that provide services to homeless persons in Tucson. The project director screens the referrals, and eligible individuals are assigned to one of two groups: a 3-month nonresidential counseling and educational intervention group or a 3-month modified residential therapeutic community (MRTC). A control group comprising individuals receiving other community services also is followed.

The nonresidential intervention consists of three group sessions per week for a 12-week period. Both the nonresidential and MRTC interventions follow the same basic curriculum: prosocial (personal) development and life skills training using an interactive educational group; health education; and therapeutic group sessions concerning alcohol and other drug abuse behavior, behavior change, family dynamics, and relapse prevention. Both nonresidential and MRTC interventions also utilize video feedback to clients. Furthermore, both interventions utilize existing community services for medical care, vocational training, and job development.

In addition to the basic curriculum used in the nonresidential intervention, the MRTC provides a supportive and treatment-oriented milieu to facilitate the development of interpersonal skills, interpersonal relationships, self-sufficiency, and behavior change.

EVALUATION DESIGN: Through random assignment, approximately one-third of the participants are assigned to the MRTC intervention and two-thirds to the nonresidential intervention. A control group is selected using stratified random sampling that matches sex, age, type of drug use, and length of homelessness. Outcome data are collected at intake and at five intervals thereafter. Outcomes to be studied include residential, economic, alcohol and other drug use, and health status. The multiple measurements will permit a detailed comparison of the two interventions across time and repeated comparisons between controls and participants.

WASHINGTON. DC

Washington, DC, Homeless Dual Diagnosis Project

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PROJECT EMPHASIS: Intensive case management

CLIENTS TO BE SERVED: Clients are being selected from among homeless individuals who are referred to Community Connections by four shelters and several crisis housing settings in the District of Columbia. A total of 200 individuals with a dual diagnosis of alcohol or other drug abuse with a co-occurring serious mental illness are being recruited. The profile of clients is 58% male and 42% female and 74% black, 24% white, and 2% Hispanic. Approximately 78% also manifest personality disorders, and 50% have chronic medical problems.

PROJECT DESCRIPTION: This project involves a collaboration between Dartmouth Medical School and Community Connections, a mental health service agency located in Washington, DC. The project compares two models for treating alcohol and other drug abuse problems in homeless people who have a co-occurring serious mental illness. In the Integrated Treatment (IT) model, case managers employed at Community Connections provide comprehensive alcohol and other drug treatment services in addition to mental health services. In the Parallel Treatment (PT) model, case managers at Community Connections provide identical mental health services but link clients to local alcohol and other drug treatment providers and monitor their progress closely.

Both models provide intensive case management. Each case manager has responsibility for 15 clients. The case managers are master's level clinicians in social work, psychology, or a related discipline. Four case managers and one half-time supervisor make up each team. The team provides services directly or coordinates core services such as outreach, attention to basic needs, detoxification and stabilization, supportive counseling, psychiatric and general medical care, day programming and socialization, crisis services, vocational rehabilitation counseling, and supportive residences. A psychiatrist and two registered nurses are available 4 days per week, and medication services operate out of the agency. Supportive housing has been developed to accommodate the study clients by renting apartment houses in the immediate vicinity of Community Connections using clients' entitlements.

Clients in the IT model receive a comprehensive array of alcohol and other drug treatment services at the agency through participation in individual counseling, group

therapy, and psychoeducational groups. Treatment services utilize a behavioral approach and are based on a paradigm that includes four stages: engagement, persuasion, active alcohol and other drug treatment, and relapse prevention. Restructuring social networks is strongly emphasized.

Case managers in the **PT** model refer and link their clients to alcohol and other drug treatment providers in the local area and monitor their progress closely. Formal treatment in these agencies is based primarily on the AA **12-step** approach. The case managers, who must be committed to the social recovery model, spend as much time in linking activities as the IT case managers spend in direct alcohol and other drug treatment.

EVALUATION DESIGN: Participants are randomly assigned to the service interventions. They are interviewed at intake and at **6-month** intervals for 18 months. An ethnographic evaluation will utilize participant observation, semistructured interviews with key informants and clients' network members, and focus groups to analyze clients' progress toward abstinence and recovery. The outcome evaluation will (1) test the relative effectiveness of the interventions in ameliorating abuse of alcohol and other drugs, housing instability and homelessness, and alcohol- and other drug-abusing social networks; (2) examine whether clients who achieve good outcomes related to alcohol and other drug use and residential stability also show improved outcomes for institutionalization, psychiatric symptoms, functional status, and quality of life; and (3) examine the role of ecological and social network variables on alcohol- and other drug-using behaviors.